



BUREAU TALK

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INTRODUCTION

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Since our last publication of the Bureau Talk, there is once again a new face at the Department of Health and Senior Services. Upon the retirement of David Durbin, Kimberly O'Brien has recently taken over the position of Director, Division of Regulation and Licensure. Please join the Bureau in welcoming her to the Department.

Distribution of future Bureau Talk Publications

The Bureau of Home Care & Rehabilitative Standards will no longer send out e-mail notifications when a new Bureau Talk is available. The Bureau Talk will be published and uploaded onto our Home Care website on a quarterly schedule (4x/year). Look for the publications on the last day of January, April, July and October each year. It will be the responsibility of the appropriate person within your agency to ensure that all personnel are notified when and where they may access the Bureau Talk.

As a reminder the Bureau's web address is: www.dhss.mo.gov/HomeCare. The newsletters are found within the Publications link.

Office of Inspector General Hotline

The Bureau has recently received several telephone calls from providers with concerns regarding other agencies performing activities that would possibly fall under the categories of "inducement", "enticement" or "fraudulent" issues. Any concerns such as these should be addressed to the Office of Inspector General. The hotline number to call is 1-800-HHS-TIPS (1-800-447-8477).

FAMILY CARE SAFETY REGISTRY

REMINDER:

Per section 660.317.5 RSMo, **all home health** agency employees are required to be **registered** on the FCSR. Only employees with **direct patient contact** must have the **results** documented and available in their personnel file.

Per section 210.906 RSMo, "Every child-care worker and elder care worker hired on or after January 1, 2001, shall complete a registration form..." Per section 210.900 RSMo, the definition of "elder-care worker" is, "...any person who is employed by an elder-care provider, or who receives state

of federal funds, either by direct payment, reimbursement or voucher payment, as remuneration for elder-care services." Therefore; **all hospice** agency employees are required to be registered on the FCSR. At this time, it is **not** a requirement for the results to be obtained.

CRIMINAL BACKGROUND CHECKS

The Bureau would just like to remind all providers that any person you are consider hiring that hasn't resided in Missouri for the past five (5) years requires a nation-wide background check. Per section 660.317 (3) (1)RSMo..."If the

applicant has not resided in this state for 5 consecutive years prior to the date of his/her application for employment, the provider shall request a nationwide check for the purpose of determining if the applicant has a prior criminal history in an-

other state....The provision related to applicants for employment who have not resided in this state for 5 consecutive years shall apply only to persons who have no employment history with a licensed Missouri facility within that five year period..."

NURSING SHORTAGE

The Bureau has recently received several requests from hospice agencies to contract for nursing due to a nursing shortage. We would like to remind all hospice agencies that strict criteria must be met before an approval can be

granted for contracting for nurses. Please refer to the Survey and Certification (S & C) Letters (S & C 05-02 dated 10/14/04) and (S & C 06-28 dated 9/14/06) which address the criteria that must be met before an approval can be

granted. These S & Cs outline very clearly what documentation the provider must submit before the Bureau would consider the request. Without the specific information an approval will not be granted.

TEMPORARY EXPANSION OF TERRITORY

With the power outage in St. Louis during the summer of 2006 and the ice storm last January 2007 in Southwest Missouri, it was made known to all Missourians that we are not exempt from disasters. We are also aware of all the disaster planning being implemented across the state in case of a Pandemic Flu outbreak or a major earthquake. The Bureau of Home Care and Rehabilitative Standards would like to assure the providers, that the well being of all patients is of utmost priority. Therefore, any temporary expansion of territory in the event of a disaster will not require prior approval. Once the disaster has abated, standard regulations and policies must resume.

AGENCY CHANGES — CMS NOTIFICATION

Change is inevitable, and is certainly a familiar routine for the different agencies the Bureau regulates. But when any changes occur, it also needs to be a standard routine to complete a Medicare Enrollment Application (CMS 855-A).

Any changes, (administrator, supervisor, address, counties, branches, satellites, etc.) must be reported to the Bureau of Home Care and Rehabilitative Standards. It is the responsibility of the **agency** to notify CMS, via the 855-A form. We have received numerous calls regarding the completion of this form, however, **we are not able to assist you with answers regarding the 855**. You will need to contact your fiscal intermediary, or access one of the following:

Cahaba (for Home Health) 1-877-299-4500

Cahaba (for Hospice) 1-866-539-5592

Cahaba (for all others) 1-877-567-3092

Or you may access their website at www.cahabagba.com, or you may access the form directly from Medicare's website www.cms.hhs.gov/MedicareProviderSupEnroll/.

CORRESPONDENCE FROM OUR OFFICE

When a change request has been received in our office and approval has been given, an acknowledgment letter is sent to the agency confirming this change. Many times, the corporate office will originally submit this request of change; however, per our Bureau policy, the acknowledgment letter will be sent to the Missouri agency to the attention of the administrator. If corporate wishes to receive the documentation, it will be the responsibility of the agency to forward this information to their corporate office.

HOSPICE CORE SERVICES

For all hospice **core** services your agency must have a backup. Example: If you have only one social worker or one chaplain and they are in a car accident or seriously ill and unable to work, your agency must have a backup plan so there is no interruption in services to the patient. If a hospice cannot provide all core services at anytime please contact our office for further direction.

REMINDERS FROM PREVIOUS NEWSLETTERS

- Original correspondence must be sent to our office; no faxes or e-mails (unless explicit direction has been given otherwise)
- Include CCN (CMS Certification Number) on all correspondence
- Original signatures must be on all Plans of Correction forms, and if the plan of correction is on a separate sheet, it must be noted on the 2567 form "Please See Attached". These pages must be signed as well.
- It's imperative that agencies keep the Bureau updated with the administrator's current e-mail address.

Mission Priority Statement for FY'08

Just as it was in FY'07, the Mission Priority Statement from CMS guides the states in determining how many federal surveys they are to complete. CMS prioritizes surveys into 4 Tiers; Tier I being of highest priority and Tier 4 of least priority.

Home Health

Tier 1 contains the names of HHAs that have not been surveyed for 24 months or longer. These HHAs will be due for survey during FY '08. This list was provided to the state by CMS. It assures that all Home Health Agencies are surveyed at least every 36 months.

Tier 2 contains HHAs flagged as being at potential risk for quality of care problems, based on a Survey Priority Score (SPS). The SPS is a composite score consisting of Survey and Certification and Outcome and Assessment Information Set (OASIS) outcome data. This list was also provided to the state by CMS and represents 10 percent of HHAs within our state with the highest SPS score. From this list of agencies each state was to select half of the HHAs on this 10 percent list, so that 5% of all non-deemed HHAs in the State have a Tier 2 survey.

The SPS Methodology consists of the following components:

Survey Data:

1. The number of deficiencies (G-tags) cited in the most recent survey;
2. The number of "red flag" deficiencies (G-tags) cited in the most recent survey. A "red flag" deficiency is one that was commonly cited on the last four surveys of closed HHAs; and
3. The number of Condition-level G-tags cited in the most recent survey

Quality Measures:

4. The number of risk-adjusted OASIS outcome measures that compare unfavorably to the average values for closed HHAs;
5. The number of non risk-adjusted OASIS outcome measures that compare unfavorably to the average values for closed HHAs; and
6. The number of adverse event outcomes that compare unfavorably to the average values for closed HHAs.

Mission Priority Statement for FY'08 Cont.

Tier 3 – No criteria established

Tier 4 – Additional surveys may be completed so all home health agencies are surveyed on an average of every 24 months.

Hospice

There are no Tier I hospice agencies.

Tier 2 - 5% Targeted Surveys. 5% of the hospices in the state are surveyed based on the most at risk of quality problems

Tier 3 - 7.0 year interval. This ensures that no more than 7.0 years elapses between surveys for any one particular provider

Tier 4 - 6.0 year interval. Additional surveys are done (beyond tiers 2-3) such that all providers in the State are surveyed, on average, every 6.0 years

For FY'08, we will survey through all 4 Tiers for both Home Health and Hospice.

ANNUAL STATISTICAL REPORTS

It's hard to believe another year has almost passed and it will soon be time for agencies to start completely their annual statistical reports. A notice to the agency administrator will be sent via e-mail in mid-November. (Yet another reason to make sure the Bureau has your administrator's current e-mail address!) In this e-mail the Bureau will reference the Missouri Alliance for Home Care (MAHC) and the Missouri Hospice and Palliative Care Association (MHPCA) websites. The agencies can download the statistical report forms via these websites.

As other years, the completed annual statistical report forms will be due January 31, 2008. They must be submitted electronically to either MAHC or MHPCA.

Both organizations have agreed to host a teleconference to review the reports and to answer any questions you may have regarding completing the report forms.

The Associations will send out information regarding these teleconferences.

RULES AND REGULATIONS

At the OASIS Education Coordinator's Conference in Dallas Texas in September, Pat Sevest, Survey and Certification, CMS Central Office, announced that the final Federal Hospice Rule would be published no later than May 23, 2008. This rule contains all new Conditions of Participation (CoPs). With the publication of the new rule will come the necessity for updated interpretation, guidance, and training for surveyors as well as hospice providers.

In addition, the State has also proposed new State Hospice Rule Amendments. These rules have been published on the Secretary of State website <http://www.sos.mo.gov/adrules/moreg/current/2007/v32n20/v32n20b.pdf> and are open for public comment through November 15, 2007.

Evaluation of the Agency's Program

A question was recently posed to the Bureau concerning what the requirements were for evaluation of an agency's program. CFR 484.52 Condition of Participation: Evaluation of the Agency's Program states, "The HHA must have written policies requiring an overall evaluation of the agency's total program at least once a year by the group of professional personnel (or a committee of this group), HHA staff, and consumers, or by professional people outside the agency working in conjunction with consumers." The evaluation should address the total program, including services furnished directly to patients, and the administration and management of the HHA, including, but not limited to, policies and procedures, contract management, personnel management, clinical record review, patient care, and the extent to which the goals and objectives of the HHA are met.

In addition to the overall evaluation it is also a requirement that "at least quarterly, appropriate health professionals, representing at least the scope of the program, review a sample of both active and closed clinical records to determine whether established policies are followed in furnishing services directly or under arrangement." Quarterly reviews need not be performed at a joint, sit-down meeting of the professionals performing the review. Each professional may review the records separately, at different times. The HHA should evaluate all services provided for consistency with professional practice standards for HHAs and the HHA's policies and procedures, compliance with the plan of care, the appropriateness, adequacy, and effectiveness of the services offered, and evaluations of anticipated patient outcomes. Evaluations should be based on specific record review criteria that are consistent with the HHA's admission policies and other HHA specific patient care policies and procedures. The review by appropriate health professionals should include those professionals representing the scope of services provided in that quarter.

Although this Condition of Participation (CFR 484.52) is not part of a standard survey, if at anytime the surveyor finds evidence of concern with any services provided to the patients or management of the HHA, a partial extended or extended survey will be performed and all aspects of this Condition would be evaluated. Results of the HHA's overall annual evaluation must be available for surveyor review, upon request.

News from the MOO arena...



Hello from the MOO arena! Wow, is there a lot going on! As you are aware, the new PPS for 2008 has brought with it, new OASIS changes. Or should I say new OASIS *challenges*!

This has been a busy year for us in the MOO arena. Over the past fiscal year (Oct 1, 2006 – Sept. 30, 2007) I have trained approximately 360 clinicians (Nurses/Therapists) in 23 different OASIS trainings, have done 1 teleconference on Oral Meds for Primaris (QIO), and have answered anywhere from 225 – 250 phone calls. The OASIS Automation Coordinator (OAC) has answered 300 – 350 phone calls.

I think the word has gotten out that we're here and available to assist you with your OASIS needs!

From September 25-28, 2007, I attended the OASIS Education Coordinator's (OEC) Conference in Dallas Texas. The OASIS Education Coordinators from all 50 states attended and it was at this conference we were informed of the upcoming OASIS changes related to the new PPS for 2008. The only OASIS changes being made at this time are those that were affected by the new PPS.

As some of you may have heard, CMS has already begun working on the New OASIS "C" which will encompass many more new changes! This however, will not be available until probably 2009. All the state's OECs will require training on this new OASIS before it will become effective. So whatever you may have heard about the OASIS "C", "erase from your minds"! Let's concentrate **only** on the 2008 PPS OASIS changes for now!

In an attempt to try and get some of the new information out to the agencies as quickly as possible, I will be attending all of the Primaris Regional Meetings this November 2007. I will present to those attending, the new OASIS changes that have occurred due to the new PPS for 2008. Unfortunately, there will not be enough time at these regional meetings to go into other OASIS issues. There are so many other issues I would like to address at these meetings but time will not allow. Therefore, I have made plans for more extensive OASIS trainings in January 2008.

I have learned over the past year that there are many clinicians in the home health field (even those that have been doing OASIS since its beginning) that are not correctly answering all the OASIS questions. There are data collection rules to be followed. The OASIS items themselves do not all give enough information, and the interpretations of the OASIS items have evolved over the years.

Therefore, what a clinician may have learned 7 or 8 years ago may not be correct today. One of the things I learned at the Dallas OASIS Training that clinicians must remember...when collecting the OASIS data you are acting as researchers. You must take off your "clinical hat" and put on your "data collection hat". CMS is aware the OASIS data set is not perfect and figuring of outcomes is not perfect. The OASIS may not be "clinically" accurate but it is "technically" accurate.

A key point that CMS would like to make is, there must be standardized answers across the states so there is fair comparison between agencies. Therefore, it is imperative that clinicians be kept abreast of all the OASIS changes that have occurred; not only for 2008 but also from the years past.

To attempt to accomplish this goal of consistency among clinicians in your individual agencies, as well as for fair comparison with other agencies, I will be doing 5 large OASIS training sessions in Jefferson City in January 2008. They will begin at 1:00 pm on the first day and end around 1:00 or 2:00 pm the next day. The trainings will be limited to 100 people. Three people from each agency will be allowed to attend. We would like to see the administrator, the director of nursing and a therapist from each agency; however, if your agency feels there are others that would benefit more you may substitute for those three people.

Over the next couple weeks, the home health agency administrator will receive e-mail with a registration form. This registration form will need to be completed and faxed or mailed back into our office by November 30, 2007. In order to assure that all the agencies have an opportunity to attend the training your agency will be assigned a date for you to attend. If that date will not work for some reason, please notify our office as soon as possible so we can try to move you to another day.

I hope to see many of you soon. I am up for the challenge! I hope you are too!

Happy Mooing!!
Joyce Rackers, RN
OASIS Education Coordinator